Office of Oversight
Review of the
Occupational Medicine Program at
Department of Energy Headquarters

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Office of Environment, Safety and Health

TABLE OF CONTENTS

Page

ACRONYMS

AAAHC	Accreditation Association for Ambulatory Health Care
CAIRS	Computerized Accident/Incident Reporting System
CPR	Cardiopulmonary Resuscitation
DNFSB	Defense Nuclear Facilities Safety Board
DOE	U. S. Department of Energy
EH	Office of Environment, Safety and Health
ES&H	Environment, Safety, and Health
FEOSH	Federal Employee Occupational Safety and Health
MA	DOE Office of Management and Administration
MO	Medical Officer
OSHA	Occupational Safety and Health Administration
OWCP	Office of Workers' Compensation Programs

OFFICE OF OVERSIGHT REVIEW OF THE OCCUPATIONAL MEDICINE PROGRAM AT DEPARTMENT OF ENERGY HEADQUARTERS

1.0 INTRODUCTION

This report documents the results of the Department of Energy (DOE) Office of Environment, Safety and Health (EH) Office of Oversight review of the Headquarters Health Unit and its coordination with other elements of the DOE Office of Management and Administration that together comprise the Headquarters Federal employee health services program. Oversight performed the review at the request and direction of senior DOE management. The Oversight review focused on the quality of services provided by the Health Unit and assessed the effectiveness of its relationship with other elements of the Headquarters health program. The review also determined the appropriateness of current program requirements in protecting the health and welfare of the Federal Headquarters workforce.

To conduct this review, Oversight teamed with the Accreditation Association for Ambulatory Health Care (AAAHC), a non-profit accreditation organization for health care facilities. The organization is committed to improving the delivery of health care by performing peer-based reviews of medical facilities and the services they provide. AAAHC used nationally recognized standards for occupational medicine as a template to evaluate the performance of the Headquarters Health Unit and a licensed occupational medicine physician to conduct the review. Oversight analyzed and incorporated the AAAHC evaluation results with its own review findings to determine the overall effectiveness of the Headquarters Health Unit.

Background

The mission of Oversight includes elements for the evaluation and analysis of DOE policies and programs in the areas of worker protection. As an important element of the DOE worker protection program, occupational medicine programs are included within the scope of selected Oversight assessment activities. Recent reviews indicate that DOE contractor occupational medicine programs are not accomplishing all of the expected objectives.

Previous Oversight reviews have focused primarily on site DOE contractor occupational medicine programs. At these sites, Federal and contractor employees may be stationed at or near facilities that have hazardous materials or hazardous working conditions. The Headquarters Federal employee health services program differs somewhat from its field counterparts because the majority of the Headquarters employees work in an office-type environment. Consequently, the Headquarters Health Unit has concentrated their efforts and clinical services on supporting employees who work in this type of environment.

Although primarily stationed in an administrative environment, there is the potential for some Headquarters employees to be exposed to hazardous working conditions. Headquarters employees from the Offices of EH, Environmental Management, Defense Programs, and others are assigned tasks that involve travel to domestic facilities or international sites that can have hazardous materials and working conditions. As a result, Federal employees might perform work at nuclear reactors, hazardous waste sites, manufacturing facilities, and sites undergoing construction, maintenance, and decontamination/decommissioning activities. While on travel, Headquarters employees might encounter a wide range of hazards that include but are not limited to radioactive and fissile materials, high-temperature and pressure systems, flammable gases and

liquids, toxic chemicals, biohazards, confined spaces, and inert atmospheres. Other assignments might involve working conditions and requirements that warrant special health precautions because of increased physical exertion, the carrying of firearms, and human reliability.

It appears that the Headquarters Federal employee health services program has not received a high degree of management attention or oversight in the past. The most recent assessment of the Headquarters Health Unit, in 1994, was conducted by the DOE Office of Occupational Medicine and Medical Surveillance (EH-61). The most significant recommendation from this review concerned the need for the Health Unit to establish a clear program mission, complete with written policies, procedures, and protocols. The review concluded that management must openly support and strengthen interactions among the Health Unit; the Federal Employee Occupational Safety and Health (FEOSH) program; facility environment, safety, and health (ES&H); and other MA organizations. Other needed improvements essential to the future success of the Health Unit noted in the 1994 review included appropriate management support and involvement, adequate budget allocation, increased physician staffing levels, more physician involvement in ES&H-related matters, enhanced professional staff training, and the availability for technical assistance.

Labor/Management and Employee Services (MA-353) is the managing organization responsible for the Federal employee Health Unit. The Health Unit is one part of the Federal employee worker protection program, and to be effective it must interface with other MA organizations, such as the employee assistance program, facilities management, and the Office of Headquarters and Executive Personnel Services (MA-35), which performs the workers'compensation and injury/illness reporting. The Health Unit must also interface with the EH Office of Occupational Safety and Health Policy FEOSH program. DOE has recognized the need to use an integrated approach to manage safety and health programs. In support of integrated safety management, DOE has established requirements to integrate health and safety programs with operations and work activities in pursuit of an effective and comprehensive worker protection program.

Report Organization

Section 2 of this report presents the results of the Oversight review of the Headquarters Health Unit and its interface with other components of the Federal employee health services program, including positive attributes, issues requiring attention, and overall conclusions. Section 3.0 presents opportunities for improving the current program.

The report includes three appendices. Appendix A provides additional information about the conduct of the review and team composition. It also includes the role of the AAAHC and the standards for evaluating the performance of the Health Unit. Appendix B presents issues for corrective action and follow-up. Appendix C summarizes the AAAHC survey results.

OVERVIEW OF THE HEADQUARTERS FEDERAL OCCUPATIONAL MEDICINE PROGRAM

Programs and Services: The Headquarters Health Unit offers a variety of programs and services designed for DOE Federal and contractor employees working in and around the Washington, D.C., and Maryland areas. These services include medical determination and analysis, medical surveillance, physical examinations, wellness programs, emergency and clinical care, allergy clinics, international travel and immunization services, seasonal health promotions (flu shots), cardiopulmonary resuscitation (CPR) and first aid training, the elder care resource library, employee advocacy counseling, and child care programs. The Federal and contractor population in the service area is estimated to be approximately 6,000 persons.

Total visits to the two clinical facilities have increased from 25,000 in 1996 to 40,000 in 1998. Health unit personnel indicated that the increased use of clinical services by employees could be attributed to such factors as an aging work force, health effects related to emotional stress, workers with disabilities, quality of services, and medical services no longer provided by health maintenance organizations.

Clinics: The Headquarters Health Unit has two locations. The Forrestal Building, Room GG-028, provides services to DOE employees in the Washington, D.C., area and is staffed by physicians during normal business hours. The Germantown facility, Room A-075, provides services to employees in the Germantown, Maryland, area and is staffed by a physician two days a week.

Staffing: Both permanent full-time and contractor personnel staff the Forrestal and Germantown Health Units. The permanent full-time staff includes one physician (who is also the Medical Officer) and two full-time nurses. Eleven contractor personnel (two physicians and nine nurses) and one student employee augment Health Unit staffing levels.

Organizations: The Headquarters Health Unit and employee assistance program report to the Director of Headquarters Labor/Management and Employee Services (MA-353). MA-353 is organizationally aligned under the Office of Headquarters and Executive Personnel Services (MA-35), which reports to the Office of Human Resources Management (MA-3). MA-3 has responsibility for training and human resource development, personnel policy and programs, and executive personnel services.

Occupational Medicine Program Mission: The mission of the Headquarters Health Unit is to improve the quality of life for employees by designing programs that will promote good health and worker productivity. In meeting this mission, health unit personnel provide employee counseling, effective medical monitoring strategies, wellness activities, and methods to reduce risk of disease.

2.0 RESULTS

The results of the Headquarters Health Unit review are a compilation of findings from both the AAAHC survey that determined conformance to national ambulatory health care standards, and the Oversight evaluation that assessed program performance to established DOE policy. The guiding principles of integrated safety management—identification of roles, responsibilities, and accountabilities; identification of requirements; quality management and improvement activities; and performance assessment and feedback mechanisms to promote continuous improvement—are used as a template to analyze the review results.

Positive Attributes

1. The Headquarters Health Unit has been proactive in seeking ways to improve health services available to Federal employees.

The role and image of the Headquarters Health Unit has improved significantly over the past few years. Historically, its ability to provide reliable occupational medicine services was viewed by Headquarters employees as less than optimum. Consequently, many Federal and contractor employees elected not to use Health Unit services. However, in the last three to five years clinic personnel have worked hard to improve the Health Unit's standing by increasing the number of health services and by becoming more interactive with the population they serve. A key initiative was the establishment of a mission statement that expands the Health Unit's role to include emergency and clinical care, medical surveillance, seasonal health promotions, and employee health counseling. These expanded services have contributed to a significant and continuing increase in the number of employees frequenting the Health Unit. A recent survey of Health Unit services conducted by MA indicated a high level of satisfaction and acceptance by Federal employees and contractors. Although this expansion of services is generally positive, it has caused some overlap in activities between the Health Unit and the employee assistance program.

The Health Unit team leader and Medical Officer (MO) are seeking other ways to improve the Headquarters Federal employee health services program. During the course of the review, they and their management were receptive to Oversight's assessment of program performance. To help promote program improvement, Health Unit management is considering applying to the AAAHC for external accreditation and is working on strategies to accomplish this endeavor.

As part of the Oversight review, an AAAHC licensed occupational medicine physician compared the current Health Unit services to the association's core standards to determine the effectiveness and quality of the program. Health Unit management will determine their course of action concerning whether or not to proceed with external accreditation upon receiving the results of the AAAHC comparison.

2. With some additional improvements, issuance of DOE Order 341.1, *Federal Employees Health Services,* and its associated guides will be a positive step toward defining program requirements.

The Office of Personnel Policy, Programs and Assistance (MA-32) establishes policies, develops directives, and provides assistance to offices and programs within MA. MA-32 is finalizing the draft DOE Order 341.1 and its associated guides that will establish the requirements and responsibilities for Federal employee health services, including the employee assistance and workers' compensation programs. MA-32 expects the new order to be approved within the next two months. In addition to providing practical

guidance on how to administer an effective health services program, the order also describes the roles and responsibilities of program personnel and self-assessment strategies.

Although the draft order and its associated guides describe useful methods for establishing a Federal employee health services program, some refinements to the document should be considered. For example, the order should further clarify the specific criterion that helps to determine employee participation in medical surveillance activities. In addition, Chapter VI, "Program Administration," of the draft "Federal Employee Occupational Medicine Programs Guide" provides valuable guidance for defining the key management processes necessary to implement an effective program. However, this chapter of the guide could be further enhanced in the sections detailing how health-related issues are identified and prioritized in the budget process and the systems needed to identify and manage program requirements and internal policy and procedure documents.

3. Headquarters Health Unit and FEOSH program personnel have been effective in identifying and mitigating ergonomic-related health concerns.

Most Federal employees at Headquarters work in an office environment, and one of the most common hazards in this setting is repetitive motion. According to Health Unit records, a considerable percentage of Federal employees reported repetitive motion illnesses due to work activities involving poorly designed computer workstations, excessive keyboarding, and repetitive lifting, pushing/pulling, stooping, or twisting. To help combat the rising number of incidents related to repetitive motion, in 1995 the FEOSH program began to focus on ergonomic issues. Their efforts concentrated on awareness campaigns, training, and the evaluation of computer workstations. During a one-week ergonomics awareness campaign in 1996, all Headquarters FEOSH points of contact, medical personnel, and bargaining unit representatives were invited to attend an ergonomics-training course that encompassed awareness, prevention, and methods to effectively evaluate a computer workstation. Ergonomics was also featured at the MA 1998 Headquarters Health Fair. Since 1996, numerous computer workstation evaluations have been performed at Headquarters by FEOSH points of contact. At present, Health Unit personnel report up to ten inquiries per week for ergonomic assistance.

Currently, Federal employees may access the FEOSH homepage or visit one of the Headquarters Health Units for additional information about ergonomics and how to prevent repetitive motion illnesses.

Issues Requiring Attention and Follow-up

1. Many of the management systems necessary to ensure an effective Federal employee occupational medicine program are not established, contributing to failures to identify and correct programmatic weaknesses.

There is an overall lack of formality in the management and control of the Health Unit policies and procedures that implement the Federal employee health services program. Furthermore, there is no plan to guide program implementation, including such essential elements as the medical surveillance program. For example, the only documentation detailing the medical surveillance program is a brief statement located in the Health Unit's staffing plan.

In addition, the roles and responsibilities for establishing and maintaining interfaces with other organizations, programs, or functions both external and internal to MA, such as the FEOSH program and facility safety, have not been formalized. As a result, some Headquarters line managers and supervisors are unaware of their responsibility to report to Health Unit personnel those employees whom they perceive

to be at risk of health effects because of occupational exposures or work activities. A pervasive lack of management ownership within MA for openly communicating and ensuring that all elements of the Federal employee health services program are effectively identified and implemented has further compromised program performance.

Recently, Health Unit management has established new goals relevant to enhancing medical surveillance activities and other business practices. However, these goals are separate initiatives and are not formally incorporated into the Health Unit's strategic plan. The director of MA-353 recognizes the need to address program issues and expectations. However, according to the manager, there has not been a sufficient opportunity to engage all personnel in a strategic planning effort to resolve issues concerning program implementation and the roles and responsibilities of the Health Unit, employee assistance program, and other organizational functions.

The Headquarters Health Unit's operating budget and its allocation of resources are determined by MA-3. The Health Unit is one integral part of the MA-3 budget formulation and execution process. At appropriate points in the budget and resource management process, MA office directors are requested to submit information to MA-1 through the Office of Business Management. Depending on the stage of the budget process, MA line managers are requested to identify their financial and staffing needs in an unconstrained environment and provide a priority ranking of all programs and projects. However, a perception exists among Health Unit personnel that their needs are not well recognized or represented during the MA budget process. Shortfalls in certain projected allocations have required the Health Unit team leader to request additional funding at the end of the year to cover expenses for such items as staffing.

There is no formal process that describes how internal Health Unit procedures are to be developed, reviewed, approved, or controlled. In addition, no formal system is in place for detailing how requirements for the Federal employee health services program are to be officially implemented. Health Unit staff spend valuable time defending their actions, when such actions should already be identified as proper protocols for meeting program requirements and expectations. Health Unit management needs to document all requirements in a clear and interpretable manner and formally establish the methods for meeting them. Health Unit policies and procedures should be effective and defensible, and should be integrated with other MA organizations without duplicating the roles and responsibilities of others. Once concurred in, Health Unit policies must be reviewed periodically for appropriateness and openly supported by MA management.

Health Unit personnel do not conduct formal self-assessments or ensure that the program is regularly evaluated by an external source. As stated earlier, the last program evaluation was conducted five years ago. In addition, there is no formal corrective action system in place to address previously identified program deficiencies. Consequently, many of the deficiencies identified in 1994 persist today, and there is no tangible evidence of what effort Health Unit personnel expended in attempting to correct them.

2. The Federal employee occupational medicine program is not effectively integrated with other DOE Headquarters health and safety programs and does not function in accordance with the principles of integrated safety management.

As a result of a 1993 Secretarial decision, authorities for the Federal employee health services program remained within MA, but the DOE contractor occupational medicine and the FEOSH programs were realigned under EH. Since that time, EH and MA management have not established effective mechanisms to ensure that important safety, health, and medical information is communicated between the two organizations at Headquarters. Interfaces between the Health Unit and other Headquarters Federal safety and health programs, such as FEOSH, have not been clearly established or openly supported by their

managing organizations. For example, managers and supervisors are largely unaware of their role in identifying employees at risk of health effects due to occupational exposures or work activities. In this case, due to the organizational separation, EH and MA management have not clearly defined responsibilities for providing Headquarters managers and supervisors with the necessary training about their ES&H roles and have not clearly defined responsibilities for collecting and communicating ES&H information.

Health Unit personnel have not established a working interface or forum where adverse safety and health concerns can be communicated to Headquarters ES&H organizations for follow-up and corrective action. There is no Health Unit involvement in the required annual facility inspections where existing and new safety and health concerns (such as workplace hazards) can be identified and addressed. In addition, administrative officers from each of the Headquarters program offices meet up to four times a year; this quarterly meeting would offer an excellent forum to discuss and communicate important Headquarters ES&H information and Health Unit activities. However, these types of issues are not a permanent topic on the meeting's agenda and, as a result, they are seldom discussed.

Many of the issues concerning the lack of program interface and integration were identified in the EH 1994 Headquarters Health Unit review and continue today. Deficient management involvement continues to inhibit the effective implementation and integration of the Headquarters Federal employee health services program.

3. Roles, responsibilities, and management expectations for the Headquarters Health Unit have not been clearly established as required by DOE Policy 450.4, "Safety Management System."

MA-353 has line management responsibility for health and medical services, personnel out-placement and workers' compensation, and employee assistance program activities. Each of these functions is managed by a team leader who reports to the MA-353 manager. The roles, responsibilities, and management expectations for the individual teams have been established but are apparently not well supported or maintained. A particular area of concern noted during the review is the overlap of roles and responsibilities between the Health Unit and employee assistance functions concerning employee counseling. Over the past few years, the Health Unit has expanded its role to include dependent health care and counseling services. While the expanded role of the Health Unit is commendable, it has resulted in an apparent perception of mistrust on the part of employee assistance personnel and has negatively affected communication between the two functions. Health Unit and employee assistance roles may be intertwined because of the nature of counseling and whom the employee chooses to consult first. However, a strong, conscious effort on the part of both functions to refer an employee to the best source of help, whether a physician or a trained professional counselor, should be an observable behavior if roles are well established and fully accepted. The best interest of the employee can only be well served if there is an atmosphere of cohesiveness and mutual respect between MA-353 functions. The further clarification of roles, with input from each function, should resolve most of the apparent conflicts. There is a need for mediation on the part of MA-353 management to initiate and complete this effort.

The lack of a strategic plan that clearly establishes the role of the Health Unit has also contributed to the confusion of responsibilities concerning employee counseling. During the development of the Health Unit Fiscal Year 1999 Action Plan, the need to better define and understand its roles and responsibilities and internal working relationship with the employee assistance function was expressed by the Health Unit and employee assistance team leaders and the MA-353 manager. However, no substantial action has been taken to address this concern.

4. The DOE Headquarters medical surveillance program does not have clearly defined criteria and is not well documented or communicated to Federal workers and supervisors.

Headquarters Federal workers who may be exposed to certain hazards above a pre-determined threshold require periodic medical evaluations by the Health Unit medical staff. The basis for a medical surveillance program is derived from Occupational Safety and Health Administration (OSHA) requirements, DOE orders, and sound medical and industrial hygiene practices. For example, OSHA requires periodic medical examinations and specific tests for workers who are exposed to noise, asbestos, lead, and a variety of hazardous chemicals (e.g., methylene chloride), and for workers at hazardous waste sites. DOE recognizes all OSHA medical surveillance requirements and has also established a few of its own. For example, DOE Notice 440.1, "Interim Chronic Beryllium Disease Prevention Program," establishes a medical surveillance protocol for Federal and contract workers who may be exposed to beryllium. The draft DOE Order 341.1 establishes requirements for baseline, annual periodic, incident-dependent, and termination medical examinations for employee positions identified as having the potential to be exposed to occupational hazards. The accompanying guide to DOE Order 341.1, *Federal Employee Occupational Medical Programs*, designates the MO as the responsible authority for the medical surveillance program.

Currently, approximately 400 Headquarters Federal workers have been identified to be at risk of exposure to occupational hazards that may necessitate medical surveillance. A majority of these employees work in MA Engineering and Facilities Management and routinely perform work involving carpentry, painting, and electrical work. Other Federal workers, such as EH inspectors, have the potential to be exposed to occupational hazards on an infrequent but cumulative basis and may also require medical surveillance (e.g., for beryllium). Regardless of the type of occupational hazard or the exposure frequency, there is no formal, documented medical surveillance program for Headquarters Federal employees. As a result, there are no defined medical surveillance criteria, no guidance established for determining employee suitability, and no direction for the administration of this required element within the Health Unit. Medical surveillance is a vital element of the DOE worker protection program, but it is not openly supported or communicated to Headquarters Federal employees by MA management, the FEOSH program, or Health Unit publications.

5. Injury and illness records for Headquarters Federal employees and contractors are not managed and utilized as required by DOE Order 231.1 or 29 CFR 1960.

DOE Order 231.1, *Environmental, Safety and Health Reporting*, requires that injuries and illnesses arising out of work performed at DOE-owned or leased facilities be reported on both OSHA 200 logs and through the DOE Computerized Accident/Incident Reporting System (CAIRS). DOE elements and DOE contractors must abide by the requirements set forth in this order.

During the review, there were significant discrepancies between the number of injury/illness cases reported by CAIRS and by the Health Unit. For example, in 1998, for Headquarters only, the CAIRS database reported 28 injuries/illnesses to Federal employees and no injuries/illnesses to DOE contractors. However, physicians' records in the Health Unit for the same time period identified 72 injuries/illnesses to Federal employees and 46 injuries/illnesses to DOE contractors. A similar discrepancy in injury/illness reporting exists for 1997.

Although a number of DOE contractors routinely work at Headquarters facilities, including security personnel, building alteration, and maintenance services, the CAIRS database revealed no entries of

reported injuries/illnesses from these groups. When interviewed, these DOE contractors were not aware of the requirements for reporting occupational injuries/illnesses. Further, the contracts procuring their services did not establish adherence to DOE Order 231.1.

In assessing the injury/illness records for Headquarters Federal employees, there is no correlation between records maintained by CAIRS, the Health Unit, or MA-35, which is responsible for the Department of Labor Office of Workers' Compensation Programs (OWCP) reporting. OWCP reports of injury/illness are used to input data into the CAIRS database. However, the OWCP process serves a different function than that of CAIRS. As a result, OWCP injury/illness forms are inconsistent with CAIRS data entry fields and do not include specific types of needed information. There is no document that describes the processing of CAIRS data within the Headquarters element, or why there are differences among the methods of reporting injury/illness data by CAIRS, the Health Unit, or OWCP. In addition, there is no single source that comprehensively and definitely captures all Headquarters injury/illness reporting

29 CFR 1960, "Basic Program Elements for Federal Employee Occupational Safety and Health Programs," requires consideration of injury/illness data in the development and implementation of the Federal employee health and safety program. 29 CFR 1960.26 requires safety and health inspectors to review injury/illness data in preparation for the required annual workplace inspection. However, the Annual FEOSH Headquarters survey does not incorporate injury/illness data. Although use of CAIRS data would satisfy the requirement for reviewing workplace injury/illness data prior to an inspection, the data for the Headquarters element is unreliable. Also, facility managers who provide safety and industrial hygiene services to Headquarters employees have not maintained their ability to access the CAIRS database.

6. Insufficient attention has been given to the development and implementation of training to support health and safety program needs, resulting in failure to comply with certain training requirements.

Federal employee training concerning occupational safety and health is also an agency requirement under 29 CFR 1960. All agencies are required to provide this training to new and existing employees. MA, functionally responsible for all mandatory training for Federal employees, does not provide a comprehensive course detailing the departmental safety and health program. Furthermore, the EH FEOSH program does not have a safety and health training element that would satisfy the 29 CFR 1960 requirement. Largely, employee training provided by the FEOSH program relies on general awareness campaigns, posters, and its Web page. As a result, Federal employees are further compromised in understanding their roles and responsibilities concerning a safe and healthy workplace, the proper reporting of occupational injuries/illnesses, identifying and reporting hazards, and understanding the role of the Federal employee health services program.

MA is also not consistent in requiring other aspects of employee training. As with new and existing employee safety and health training, there is no related mandatory supervisory/management training as required by 29 CFR 1960. As a result, the roles and responsibilities of supervisors/managers to support and implement the appropriate aspect(s) of the DOE safety and health program are also impaired. Supervisors are unaware of their role in reporting occupational hazards and employee concerns to the appropriate ES&H personnel and ensuring that this same information is communicated to the Health Unit. Clearly identified supervisor/management roles and responsibilities will significantly help Health Unit efforts concerning Federal employee medical surveillance and health maintenance.

Although continuing education for the full-time professional staff is provided and supported by MA-353, there should be a collaborative effort to ensure that the requested training meets the needs of personnel working in an occupational health setting. For example, training in the areas of hazard recognition and abatement, conducting workplace inspections, implementing a medical surveillance program, travel medicine, and other related ES&H disciplines should be mandatory. The aforementioned training would provide the necessary skills for the professional staff to effectively address and implement the elements of DOE Order 341.1 and other appropriate regulations.

DOE Order 3790.1B, Chapter VIII, *Federal Employee Occupational Medical Program*, requires that employees have the opportunity to receive training in the basic elements of first aid and CPR at no cost to the employee. The Health Unit routinely offers CPR training but cancels many of the classes because of minimal employee response. With the exception of the security contractor (Wackenhut), which provides CPR training to all its protective force members, most Federal employees interviewed were not aware that CPR training was available.

Conclusions

Although further improvement is warranted, the current national standards and DOE requirements detailing the Headquarters Federal employee health services program are relevant and appropriate for the Federal Headquarters workforce. They provide an appropriate framework for the Federal occupational medicine program. Ongoing efforts, such as the development and implementation of DOE Order 341.1 and its associated guides, are positive steps toward better defining the Headquarters Health Unit requirements.

Although the policy framework is improving, the actual implementation of these policies by the Headquarters Health Unit is not keeping pace. The quality and effectiveness of the Headquarters occupational medicine program vary, and deficiencies are evident in several important areas, such as medical surveillance programs, illness/injury records, and safety and health training programs. These deficiencies stem from weaknesses in management systems that result from unclear roles and responsibilities, inadequate periodic performance evaluations and continuous improvement systems (e.g., self-assessments), and failure to adequately meet program requirements. The Federal employee health services program is also impacted by poor integration with other MA-353 functions, facility management, and the Headquarters FEOSH program.

To achieve the needed improvements, MA management must regard the Headquarters Federal employee health services program as an integral part of its Headquarters safety management program rather than an isolated function. The principles of integrated safety management can provide a framework for the needed integration.

3. OPPORTUNITIES FOR IMPROVEMENT

The Oversight review identified several opportunities for improvement that should be considered by MA management. The opportunities for improvement are intended to assist management in identifying options, potential solutions, and program enhancements. It is not the intent of Oversight or this report to limit the areas of improvement or the courses of action that management may wish to consider in addressing weaknesses in the Federal employee health services program. In recognizing MA's ultimate responsibility for Health Unit services and authority to choose alternative courses of action, Oversight offers the following opportunities for improvement for their consideration.

1. MA-353 and Health Unit personnel should establish a series of strategic planning sessions that address the following elements of the Headquarters Federal employee health services program:

    - The program mission
    - All DOE Federal safety, health, and worker protection requirements, and a system that effectively manages and implements them
    - Health Unit roles, responsibilities, and related goals
    - Deficiencies in the existing Health Unit policies and procedures
    - Collection of worker exposure data for use in medical surveillance
    - Integration with Headquarters ES&H personnel and programs
    - Self-assessment activities and program evaluations to achieve continuous improvement
    - Participation in resource allocation and budgetary processes
    - Barriers to improving program quality and effectiveness.

2. The MO and MA-35 should determine how the medical surveillance program for Federal employees will be defined and administered, with a special emphasis on the roles and responsibilities of the MO, the Health Unit, facility ES&H personnel, supervisors/managers, and employees. The program needs to address all work activities at Headquarters, in the field, and wherever there is a potential for employees to be at risk of health effects due to occupational exposures. In addition, the medical surveillance program must be integrated with other ES&H organizations/programs performing health surveillance and monitoring activities. Assistance from Public Health Service personnel, other Federal agencies, or occupational health consultants should be considered to design an effective and successful program. The results of this effort should be included in Health Unit policy (i.e., DOE Order 341.1 and associated guides) and Headquarters employee training.

3. A method for collecting and reporting Headquarters Federal employee and contractor work-related injury/illness information should be designed to ensure that all reportable incidents are identified, properly investigated, and recorded in the CAIRS system. The forms used to submit information into the CAIRS reporting system should be standardized and should contain input from employees, supervisors, and Headquarters safety and health personnel as appropriate.

4. Informational materials, such as guidance documents and training materials, should be developed to support Headquarters Federal employee health and safety. The informational materials should highlight the services available to employees through the Headquarters Health Unit and employee assistance program. Other pertinent information concerning the process for reporting occupational injuries/illnesses, hazard awareness, the FEOSH program, and the medical surveillance program should also be included.

APPENDIX A

Review Process and Team Composition

Approach and Methodology

The review of the Headquarters Health Unit was conducted according to Oversight protocols and procedures, including the validation of data at all stages of the review. In reviewing occupational medicine programs, Oversight supplemented its internal capabilities by teaming with licensed medical physicians who specialize in occupational medicine. To obtain such expertise, Oversight established an agreement with the AAAHC to assist them in performing these reviews.

The AAAHC is a non-profit organization that performs surveys of ambulatory medical care facilities and accredits programs that have demonstrated compliance with an established set of nationally recognized standards. As part of the teaming agreement, the AAAHC supplied qualified surveyors to supplement the Oversight team in evaluating the Headquarters Federal employee health services program.

The AAAHC's participation in this review served two purposes:

- The AAAHC performed an independent consultative survey of the Headquarters Federal employee health services program using nationally recognized procedures and standards. As part of this effort, DOE Health Unit personnel completed a self-assessment (a pre-review survey) that measured their program performance against AAAHC standards. The pre-survey also provided Health Unit personnel and its management with AAAHC suggestions for improvement, which helped identify what efforts are needed if full accreditation is sought.

- The positive attributes, weaknesses, and insights from the AAAHC survey were factored into the information gathered by the Oversight team during interviews, document reviews, and tours.

The Oversight and AAAHC approach was an effective and efficient method for obtaining the independent perspectives of qualified and experienced medical professionals as well as evaluating program performance against nationally recognized standards. The approach also allowed for the review of Departmental policy and its implementation by Headquarters organizations. Elements of quality management and continuous improvement were also incorporated in the approach due to parallel AAAHC and DOE requirements.

The review employed standard Oversight methods for collecting data, including:

- Reviews of policies, procedures, protocols, quality plans, organizational charts, quality records, medical records, equipment calibration records, meeting minutes, budget documents, educational materials, and professional staff credentials

- Interviews with MA managers and staff, EH management (including FEOSH program managers), and other Headquarters personnel that interface with Health Unit personnel

- Observation of medical department work areas and activities

- Validation of the AAAHC pre-review survey questionnaire.

Consistent with DOE policy and requirements, a comprehensive occupational medicine program performs several interrelated functions, as delineated in Figure A-1. The Oversight review team focused on the Headquarters Federal employee health services program's ability to accomplish these listed functions.

Standards for the Review

This Oversight review focused on the effectiveness of MA in establishing and implementing an effective Federal employee health services program, as defined by applicable DOE orders and policies. The DOE orders that specifically define requirements for the Headquarters occupational medicine program include:

- DOE Order 3790.1B, Chapter VIII, *Federal Employee Occupational Medical Program*, which delineates the basic program elements necessary for an occupational medicine program

- DOE Order 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees*, which establishes a framework for the safety and health management necessary to establish comprehensive medical services

- DOE Policy 450.4, "Safety Management System," which defines a comprehensive and coordinated program of ES&H expectations and activities that is commonly referred to as integrated safety management. All site ES&H programs, including occupational medicine programs, are to be implemented within this framework.

Other Federal regulations and DOE orders that define elements of an occupational medicine program are:

- 29 CFR 1910 and 1960, "Basic Program Elements for Federal Employee Occupational Safety and Health Programs"

- 5 CFR, parts 293 (Subpart E) 339, 432, 752 and 831, "Requests for Medical Information Relevant to Taking Management Personnel Actions"

- DOE Order 151.1, *Comprehensive Emergency Management Systems*

- DOE Order 231.1, *Environmental, Safety and Health Reporting*.

In reviewing occupational medicine programs across the DOE complex, Oversight tasked the AAAHC to identify medical program elements that are essential for high-quality patient care and help to measure program effectiveness against nationally recognized standards. Although not specific DOE requirements, these elements and other AAAHC standards generally reflect the philosophy detailed in DOE safety management policies. The AAAHC standards emphasize the quality improvement process, which is a central theme of integrated safety management. EH-61 supports the accreditation process and is modifying sections of DOE Order 440.1A to be more consistent with accreditation provisions and guidelines. In coordination with EH-61, MA recently issued a revised draft of the order for DOE-wide review.

Occupational Medicine Program Functions

Consistent with DOE policy and requirements, a comprehensive occupational medicine program performs several interrelated functions:

- **Clinical services.** Medical staff perform various routine medical procedures (e.g., physical examinations, laboratory testing) to identify and treat occupational illness or injuries, facilitate recovery and safe return to work, and refer patients for further treatment as indicated. In this regard, the occupational medicine program serves as an onsite clinic and provides timely and convenient access to medical services.

- **Assess worker fitness for duty.** Health evaluations are conducted to provide initial and continuing assessment of employee fitness for duty through the following examination categories: pre-placement, periodic (qualification certification) examinations, return to work, job transfer, and termination.

- **Medical surveillance.** DOE sites and the work performed may involve the use of hazardous materials and conditions that may affect worker health. As a result, DOE sites need to identify those job categories where workers may be exposed to physical, chemical, or biological hazards. Once the job categories are identified, a thorough process must be implemented to address essential health monitoring and appropriate medical follow-up. The process must be coordinated with other site ES&H organizations so the communication of complete worker exposure and history data to the occupational physician can occur. Worker exposure data and related information must be comprehensive, accessible, and in a useful format so it can be easily interpreted. The occupational physician uses the data to periodically assess the worker's health status, the adequacy of current personal protective equipment and health surveillance activities, identify health trends, and accommodate requests for information.

- **Support for efforts to monitor and control exposure to radiation and hazardous materials.** DOE must monitor and control radiation exposure in accordance with a radiation protection plan. Such efforts often require various methods for measuring radiation exposure (e.g., whole body counts) that may be performed on a routine basis or to determine the extent of exposure or appropriate medical treatment after an incident. Similarly, DOE must comply with various Federal and state regulations related to worker safety and hazardous materials (e.g., Occupational Safety and Health Administration requirements for protection against exposure to hazardous substances). The occupational medicine program must coordinate with management to ensure that hazards are identified and that appropriate measures to mitigate hazards are in place.

- **Support for emergency management preparedness and response.** DOE must be prepared to handle emergencies that may confront the workforce. Occupational medicine programs need to be able to provide support during an emergency situation; for example, by providing treatment to injured workers, coordinating support with local hospitals, ensuring that information about hazardous materials is readily available to medical personnel who treat exposure victims, and providing recommendations for protecting the public.

- **Information management.** To perform the functions noted above, DOE must maintain health information about hazardous materials and employees potentially exposed to those hazards. Many of the materials used at DOE facilities and laboratories, such as plutonium and beryllium, pose significant health risks and are not commonly encountered in general industry. Thus, they may be unfamiliar to community health care providers in the event of an accidental exposure. Occupational medicine program personnel must also be involved in keeping track of the types of hazardous materials at the sites and their health effects, documenting worker exposures, recommending treatments, and informing management about the effectiveness of safety and health programs.

Figure A-1. Functions of a Comprehensive Occupational Medicine Program

Team Composition

The team membership, composition, and responsibilities are as follows:

Office of Oversight Management Team

Deputy Assistant Secretary for Oversight

S. David Stadler, Ph. D.

Associate Deputy Assistant Secretary

Raymond Hardwick - Operations
Neal Goldenberg - Technical Matters

Director, Office of ES&H Evaluations

Patricia Worthington, Acting Director
Tom Staker, Acting Deputy Director

Office of Oversight Review Team for the Headquarters Occupational Medicine Program

Marvin Mielke, Team Leader, RN, MSN
Bernard Kokenge
James Lockridge, CIH, CSP
Basil Vareldzis, M.D.

Quality Review Board

Patricia Worthington
George Gebus
Thomas Davis
Raymond Hardwick

APPENDIX B

Issues for Corrective Action and Follow-up

This appendix summarizes the significant issues identified in the evaluation of the Headquarters Federal employee health services program. The issues identified in this appendix will be formally tracked by Oversight in accordance with the DOE plan developed in response to Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 98-1, which addresses the follow-up of independent oversight findings.

The responsible DOE managers (i.e., the Office of Management and Administration) are responsible for correcting deficiencies and addressing the weaknesses identified during Oversight safety management evaluations. In accordance with the DOE Implementation Plan for DNFSB Recommendation 98-1, the responsible line managers need to develop appropriate corrective action plans to address identified issues.

IDENTIFIER	ISSUE STATEMENT	REFER TO PAGES:
STUDY-HQ OCMED-99-1	Many of the management systems necessary to ensure an effective Federal employee occupational medicine program are not established, contributing to failures to identify and correct programmatic weaknesses.	5-6
STUDY-HQ OCMED-99-2	The Federal employee occupational medicine program is not effectively integrated with other DOE Headquarters health and safety programs and does not function in accordance with the principles of integrated safety management.	6-7
STUDY-HQ OCMED-99-3	Roles, responsibilities, and management expectations for the Headquarters Health Unit have not been clearly established as required DOE Policy 450.4, “Safety Management System.”	7
STUDY-HQ OCMED-99-4	The DOE Headquarters medical surveillance program does not have clearly defined criteria and is not well documented or communicated to Federal workers and supervisors.	8
STUDY-HQ OCMED-99-5	Injury and illness records for Headquarters Federal employees and contractors are not managed and utilized as required by DOE Order 231.1 or 29 CFR 1960.	8-9
STUDY-HQ OCMED-99-6	Insufficient attention has been given to the development and implementation of training to support health and safety program needs, resulting in failure to comply with certain training requirements.	9-10

APPENDIX C

Accreditation Association for Ambulatory Health Care, Inc.
Survey Comments for the Headquarters Federal
Occupational Medicine Program

Introduction

As part of the normal survey process, the AAAHC provides detailed evaluation results. The AAAHC results include a rating (i.e., substantially compliant, partially compliant, or non-compliant) for each of the applicable standards. The standards published in the "Accreditation Association Handbook for Ambulatory Health Care" describe organizational characteristics that AAAHC believes to be essential for high-quality patient care. For those standards that are partially compliant or non-compliant, the surveyor provides written comments about the observed weakness.

The AAAHC report for the Headquarters Federal employee health services program consisted of approximately 130 pages that included completed evaluation forms and supporting comments. The AAAHC also identified a set of potential improvements that would strengthen the occupational medicine program and correct weaknesses noted during the survey. The Office of Oversight developed the following summary of the AAAHC comments. The actual survey results will be provided to the Medical Director for review and comment.

AAAHC Assessment

The occupational medicine program was in substantial compliance in 5 of 14 standards determined to be applicable to the AAAHC accreditation process. The areas of substantial compliance included:

- Rights of patients
- Administration
- Immediate/urgent care services
- Other professional and technical services
- Teaching and publication activities.

The areas of partial compliance included:

- Quality of care provided
- Clinical records
- Professional improvement
- Pharmaceutical services.

The areas of non-compliance included:

- Governance
- Quality management and improvement
- Facilities and environment

- Occupational health services
- Research activities.

The quality management and improvement area was judged to be non-compliant based on the AAAHC survey. More specifically, the peer review and quality improvement sections of this area were judged to be non-compliant, while the risk management section was determined to be partially compliant.

Rights of Patients

The Forrestal medical records room is being used as a triage and treatment room for as many as three patients at a time. This situation contributes to a lack of privacy. To ensure privacy, the AAAHC surveyor suggests using an examination room specifically for triage of one patient at a time.

The Forrestal unit does not diagnose or follow up patients. They prefer to have patients seen by local physicians for diagnosis and treatment.

Patients are advised to call security in case of emergency after hours. Security refers patients to the local emergency room.

No research is conducted at either facility.

The Germantown facility has adequate space to ensure patient confidentiality.

Governance

Management support and budget allocations to the unit have decreased in past years and may compromise the quality of services offered because of the decreased ability to provide staffing while patient loads remain steady.

There is an inadequate level of authority for this unit to access technical assistance from other occupational health professionals regarding policy and regulatory interpretation. Medical services are not formally linked to other Federal occupational safety and health departments.

There is a lack of formal peer review processes. The AAAHC surveyor recommends formal quality review of medical records by the three physicians on staff.

Communication links between different units are not well established. There is a need to improve the communication between the Health Unit and the employee assistance program, as well as the safety and health program, to better coordinate occupational health surveillance and employee health issues.

There is a lack of long-range planning due to uncertainty about funding and staffing levels.

In recognition of the fact that the security force has been issued firearms, the medical staff has been trained to respond to gunfire injuries.

Federal staff receive continuing medical education funding, and contractor staff receive in-service training at the medical unit.

The bathroom facilities are not accessible to disabled persons.

Minutes of staff meetings are not recorded.

Formal credential files are not kept for all medical staff. There is no method for credential verification. The AAAHC surveyor recommends that files be kept which include position description, copies of professional license, and education credits for each individual in the unit.

The criteria for the credentialing process are not formalized. There is no annual review of licenses and credentials. There is no formal process for establishing privileges for the Health Unit.

There is an overlap in authority, responsibility, and function of the Health Unit and the employee assistance team leaders, contributing to tension, friction, and incomplete coordination of activities.

Administration

The Medical Officer (MO) evaluates physicians and nurses on an annual basis. However, no other professional evaluates the MO. The AAAHC surveyor recommends setting up a peer review process for the MO to be evaluated by an independent Medical Doctor (MD).

Medical units have a patient satisfaction drop box, and the MA organization conducts periodic surveys of services.

Quality of Care

Documentation of physical findings was lacking on most charts surveyed at Forrestal. It is not clear what type of evaluation is provided other than nursing care and triage. Clinical record entries are brief; they do not document much more than initial complaint and immediate acute treatment. More complete records are needed. Such records should include vital signs, evidence of an evaluation, diagnosis, and treatment plan.

The occupational medicine program needs to use a standard format for medical records charting.

The occupational medicine program needs to develop a consultation form for patient transfers to emergency rooms or local physicians.

Quality Management and Improvement

There is no ongoing quality management and improvement/peer review process in place at this time. The AAAHC surveyor advised the unit to set up a quality committee to explore areas for quality studies. No quality improvement studies have been completed. There is no peer review process. The AAAHC surveyor noted that the Headquarters occupational medicine program could not achieve accreditation without a formal quality management and improvement program.

Clinical Records

There is no formal medical records committee to monitor quality or peer-review process.

Medical records are stored in boxes at the Germantown facility in an unlocked room next to an examination

area. The AAAHC surveyor advised the medical staff to secure records in a locked storage area.

The presence of allergies was not consistently documented in medical records.

Clinical findings are not consistently documented. There was little evidence of diagnostic workups. Patients were routinely referred to local physicians after triage by the nurse. Allergy shots were often administered by order of a local MD without any history or physical/consult form documenting the patient's medical condition. The documentation lists dose of medication but does not mention how the patient reacted to the medication.

There are very few written summaries of care.

Professional Improvement

Two of the three physicians do not participate in continuing medical education in occupational health. The third physician attends an annual series of courses in internal medicine that contains some occupational health.

Facilities and Equipment

The facility is a leased space from the General Services Administration. The DOE safety and health personnel inspect the facility. The most recent inspection report was completed in 1994. The facility does not meet the life safety code according to the Health Unit administrator, and management declined a sanctioned inspection. The facility has only Type A fire extinguishers (paper, wood) in hall locations. They have no B or C rated extinguishers to protect against other types of fires.

The most recent emergency drill was in October 1998. However, procedures call for four drills per year.

A bathroom that was accessible to a wheelchair was not evident. The medical staff indicated that a wheelchair-accessible bathroom existed, but the medical staff was unable to locate one.

Immediate/Urgent Care Services

The Forrestal facility has a full-time physician during day shift. Germantown has physician coverage for only 16 hours per week.

Contractor laboratory services are available.

Pharmacy Services

Prescription medications are prescribed and dispensed at both locations. Medications are prescribed by the physicians and dispensed by the nursing staff. There was no record keeping regarding the disbursement of the medications except for a notation on the clinical record. The AAAHC surveyor advised the facility to create a log to record disbursement of prescription medications. The facility complied with the suggestion immediately.

A physician does not always countersign verbal prescription orders to registered nurses.

For medications sent home with an employee, a label with date, name of drug, name of physician, name of

patient, instructions for administration, and telephone of physician should be included. Also, a child-proof prescription container should be provided.

Pathology and Laboratory Services

Laboratory services include Glucometer, urine dipstick, and occult blood screen, which are all exempt from Federal requirements.

Occupational Health Services

None of the physician staff have been trained in occupational medicine. Two of the three physicians have not participated in occupational medical continuing medical education (CME) activities, and the third MD has only limited training as part of the internal medicine update. The AAAHC surveyor recommends that at least one physician be trained in occupational medicine.

The deficiencies in record keeping and interaction with related services (such as the employee assistance program and the health and safety office) as well as deficient management involvement were previously cited in an internal review conducted in June 1994. There was little evidence of improvement in areas identified as deficient during that review. There was no medical surveillance unit at this health center.

The AAAHC surveyor recommends that this Health Unit be staffed by physicians and nurses who are trained in occupational medicine and qualified to develop or implement an occupational health program for DOE employees.

There was no evidence that DOE management recognizes or is committed to the services of the occupational Health Unit.

Records management is deficient. There was little documentation on histories or physicals by the performing MD and little evidence of prospective medical surveillance of high-risk individuals.

A voluntary surveillance system is in place. However, there was no documentation of risk factors or occupational exposures in the 50 charts reviewed by the AAAHC.

Other Professional and Technical Services

Medical units provide audiology screenings, health education, and nursing. Nutrition and medical staff now provide psychological counseling since the downsizing and elimination of the contract psychologist in October 1998. The medical units need a credentialing process for those services.